

THE CALIFORNIA MEDICAL JOURNAL.

H. T. WEBSTER, M. D., EDITOR.

VOL. II.

OAKLAND, CAL., FEBRUARY, 1890.

No. 2

The Board of Examiners of the Eclectic Medical Society of California will meet throughout the year regularly at 4 o'clock P. M., on the second Thursday of each month, at the office of Geo. G. Gere, M. D., Secretary, 112 Grant Avenue, San Francisco.

Advertisers and subscribers should address D. MACLEAN, M. D., No. 6 EDDY STREET, SAN FRANCISCO, CAL., when sending money or making inquiries as to the business management of the JOURNAL.

Physicians in active practice are always in need of something to supply a new demand in the shape of remedies and appliances, and will, perhaps, find, by reading our advertising pages, a guide to just what they need. Some of these advertisements are being changed every month. Keep your eye on them.

Sample copies will be sent only at the regular monthly time of mailing. This will explain delays occurring where applications are received at other times.

ORIGINAL COMMUNICATIONS.

NOTICE TO CONTRIBUTORS.—Write on one side of the paper only. When you want to begin a paragraph at a given word, place before it in your MS. the sign ¶. Words to be printed in *italics* should be underscored once, in SMALL CAPITALS twice, in LARGE CAPITALS three times. Address all communications relating to contributions or other editorial matter to H. T. WEBSTER, M. D., 855 Broadway, OAKLAND, CALIFORNIA.

FACULTIES AS TEACHERS.

BY K.

IT would seem to the reader of the December JOURNAL that the thoughts of the editor and the writer were upon one subject, for the questions taken up were susceptible of like conclusions. There is a saying that there is "nothing new under the sun"—whether it is to apply to that which may be on or under the dome of the cranium is to be left to others to answer.

You may ask, What has that to do with this writing in the JOURNAL referred to? This: The effects noticed by the editor and K. are not alone known to them. To be sure they have put into written words the thought which has been accumulated little by little as the bits were gathered in conversation with members of the profession. Observation has assisted.

It has been noticed that colleges having large faculties are almost destitute of men who are known to others than those who read college announcements. This is not said to the detriment of new-school colleges, but is said with the hope that the teachers

in Eclectic colleges may awaken from a lethargy that has so nearly overcome them—that a remedy is needed.

As to the effect of a revival of energy, it would be noticeable in the student's applying for matriculation. To illustrate the views of one of our staunch Eclectics, I will give his opinion of a medical student, and you will be able to see its application to the question.

"You wish my views as to medical students, or as to what should be required of them.

"At present a few of our medical schools state that an applicant for matriculation must conform to certain requirements as to elementary English studies, a moral character on paper, and cash to pay the fees. A man or woman passing such requirements is supposed to be a typical student; but as you wish my requirements and manner of dealing with these embryo doctors, they are as follows: I suppose you ask as to a student entering my office. Well, he should pass an oral and written examination in such branches of a literary education to which he laid claim of having a knowledge, and a creditable standing would be required. If the dead languages had been studied it would be my desire to find out if a trace of them remained alive in his memory.

"The passing in English literature, geography, mathematics, physics, ancient and modern history, would be requisite to my considering the prayer of the applicant. If the would-be medical aspirant gave a creditable showing, I should then try to find out if he really knew why he desired to study medicine. If, upon cross-examination, a definite idea was held to, that did not have great riches as its sequel, favor would be shown the lad. After this I should give the merits and demerits of the profession as they appeared to me.

"Such a worthy person should receive the benefit of Eclectic medical teaching as my ability to impart might give and my practice afford.

"This pupil would look to me to name the college at which he should labor for a graduation. I should advise him to read all medical journals of our school, see where the best thought originated, and go wherever that might be."

"Would you give your student any advice, as he was about to depart for his collegiate course?"

"Yes, sir, before he went away this advice would be given,—to look upon a lecturer as a man to whose time he is only entitled at the lecture hour, and one who is not to be button holed wherever and whenever seen.

"By way of caution, I would tell him that if he should take his course in a State having laws regulating the practice of medicine, not to sleep in the office of a member of the State Board of Health and at the same time go into the general practice of medicine. Either quit the office or the practice, for it looks bad to continue both, especially in the eyes of those who have studied three or four years so as to be able to pass muster before said board. It makes the poor graduate, living on cold grub and expectation, curse and look with suspicion on an innocent, well-meaning man. Such actions give the student a musty smell that clings to his skirts for years to come, and causes the knowing ones to look upon him as a prototype of the Jewish gentleman of old who sold his friend for a few pieces of silver."

My friend but voices the sentiment of hundreds of Eclectics, those who are desirous of seeing teachers become educators in every sense of the word. As teachers, they can add to the school in no better way than by giving publicity to that which is original with them.

Say, for instance, that each practitioner holding a professorship would furnish for publication three articles each year, why, don't you see it would require an enlargement of our journals—something would be said—someone set thinking, too—our worthy ones made known.

For the busy practitioner to write for publication is a task, but as it is an obligation owed the profession, one should do his best, trusting to the compositor, editor, and the good Lord, that the effort may appear worthy in the eyes of the world. One of our best Eclectic writers sends MS. for publication that requires correcting in more ways than one; but, as he is a thinker and investigator, a man with something to say, and one who says it, his writings are quoted in other than Eclectic periodicals.

Surely we must look to the faculties for food for thought.

WHAT DOES THE ECLECTIC PRACTICE PROPOSE TO DO FOR THE SICK?

BY JOHN FEARN, M. D., OAKLAND.

To this we reply, It proposes to treat them intelligently. And in doing this the most successful Eclectic physicians have been those who have been the closest students of nature's methods, and have followed closely her teachings. Nature does so much for the sick that many who have been close students of her operations have said, "We will throw physic to the dogs, and wait while nature performs the cure." They have thus set up what has been styled the expectant plan of treatment, a plan which is both wicked and foolish. Wicked because, for the lack of that aid which an intelligent physician is able to give, Nature may be paralyzed in her efforts, and irreparable injury, if not loss of life, may result. Foolish! What can equal the folly of the man who, when life and health are at stake, stands by with folded hands and refuses to do what he can to bring about a favorable issue.

But while Eclectics believe in intelligent assistance, they do not believe in ignorant meddling. Let me illustrate. Prior to the advent of the Eclectic or American practice of medicine—and truth compels us to say that even to-day there is a good deal of this ignorant meddling in high places—a man falls sick, the doctor is summoned, he examines his patient and finds great thirst, skin very hot and very dry, pulse very rapid and hard. The ignorant meddler who knows nothing of nature's methods, proceeds to quell this disturbance, and how does he do it? In the old parlance, he would put a gutter through his patient—in plain language, he will give him calomel, or jalap, or other powerful cathartic. This is thwarting nature. That thirst calls for liquids to put out the fire that burns within; that laboring heart is pumping the blood into the capillaries, giving rise to that burning heat on the surface. It is nature pounding away with all her energies to re-establish secretion by the skin, which has been suspended. We all know by experience the relief that

comes when the dry skin begins to get moist. But by giving purgatives at this juncture we intercept nature in her efforts. The determining powers are called from the skin to the bowels, and I hesitate not to say that purgatives given at this time have proved as deadly to thousands of sufferers as would be a dagger in the heart or a bullet in the brain. Now what does the Eclectic practice teach its followers to do for such a patient? That raging thirst is quenched by copious and palatable drinks. That burning skin is cooled by free sponging with warm or cold water, plain or medicated either with alkali or acid. That bounding heart and extreme nervous tension are relieved by the use of the proper sedative in small and frequent doses. And what is the result?—That great sluice-gate for corruption, the skin, with its millions of outlets, is aroused to its work; the patient perspires freely; the temperature is reduced, and in a large percentage of cases he is saved. The physician has been nature's handmaid.

But this is only one example. Take the case of the patient who has lung trouble. The disease expresses itself by a persistent cough. The old way was to give *nauseants*, but chiefly *narcotics*. What for?—To stop the cough. Is this wise?—We say not. The true Eclectic looks for the cause of the cough.

If the cough is caused by laryngeal or bronchial irritation, by mild means he seeks to remove the irritation, and then the cough will stop. If the cough is caused by retained secretions in the bronchial tubes, this cough is nature's method of relieving herself of these choking secretions. A noted quack once said to a patient afflicted with a bad cough, "Take my medicine, you will never cough again." The patient, with good common sense, said, "What, is it so fatal?" and refused to be dosed. There has been too much of this cough-stopping. Eclecticism teaches her votaries to assist nature by mild means to expel these morbid secretions, and when this is done, the cause being removed, there is no more need to cough.

We could multiply instances, but by this time the reader will see that the true Eclectic tries to discover the cause of disease, and then remove it; this is the only rational way. If a man run a nail or a splinter into his body and per consequence suffers

pain, we do not think first of giving opiates to relieve the pain, but we want to remove the nail or splinter; the suffering will then soon be over. It is just so with disease and suffering. Every case has its cause—search for the cause. It may be the skin is not doing its work, and per consequence the blood is poisoned, and fevers are generated. It may be the kidneys have been overworked, they are now failing to eliminate poisons from the blood; the patient has symptoms of uræmic poisoning and is very sick. It may be there is trouble in the lungs, and per consequence oversecretion; the bronchial tubes are filling up; the patient is harassed by shortness of breath, and is in danger of being drowned in his own secretions. Perhaps the stomach is irritable and weak. The patient takes food, it lies like a heavy load in his stomach, gives rise to the evolution and eructation of gases and severe suffering. Life to such an one is a burden. The wrong may be in the circulation. The head and face are flushed and uncomfortably hot, while the feet are cold as a rock. Or the wrong may be one of the nervous system. There is no organic disease, but some portion of that wonderful network which we know as the nervous system is irritated, and, per consequence, nothing connected with the life of the body is well. The patient does not sleep well, eat well, digest well, and by turns he fancies he suffers from every disease the books speak of. Now every one of these wrongs, and many more we could mention, are only the effect of a cause which is somewhere in operation; and Eclecticism teaches her followers to search diligently for the cause, remove that, then disease, the effect, will cease. This searching for the cause makes hard work for the physician. No drone can make a good Eclectic. It is so much easier to give a disease a name, and then give a combination of drugs because "Prof. Thomas Pillbags, M. D., M. R. C. S., ASS, etc.," recommends it for that disease.

Men with long titles, like the one just quoted, are very apt to decry the practice of medicine, and say there is no law in medicine, that we are all at sea with our dosing. In a given case we must give a combination of drugs that has been useful in such cases, hoping that in this case it may be attended with

good results. The best Eclectics know that there is *law* in medicine, and, just as removing a foreign body from the eye relieves the distress at once, so for many conditions of disease we have remedies that prove just as certain. There is a primary difficulty. Scudder, the author of specific medication, calls it a *basic lesion*. Now if you remove this basic lesion, the whole superstructure of disease that rests upon it totters and falls.

Now it is equally important to discover not only the basic lesion, but the remedy that will certainly remove it. Dr. Kidd, in his "Law of Therapeutics," says, "Out of one hundred keys, it is one only that will open the lock." And in turning this to practical account in medicine, he says: "It is an untold blessing to be enabled promptly to fix upon that one key without trying the ninety and nine, every useless trial more or less injuring the delicate mechanism of the lock, the fragile human body."

It is a well-known fact that advanced Eclectics have for years been studying disease so as to find out the cause, and studying remedies so as to get the right remedy to remove the cause. The writer of this was discussing the difference between the Allopathic and Eclectic schools some two years ago, with a very intelligent Allopathic physician, who put the matter very plainly. Said he: "You Eclectics have been running on practice and *materia medica* for years, while we Allopaths have been running on pathology." He was right. Though we do not undervalue pathology, yet it is the close attention we, as a school, have given to practice and *materia medica* that accounts very largely for the wonderful success that has attended our practice. It is a good thing to know how to give a correct name to a disease when we see it. It is more satisfactory to the patient if we can apply a remedy that brings relief, even though we are not able to name it.

The early practitioners of our school found a very limited list of drugs, and many of these were injurious, some of them given in such doses that they were terribly destructive to both health and even life. They discarded these remedies, and chiefly from the vegetable kingdom they drew their remedies, making a new *pharmacopœia*. These remedies at first were harsh, and not

pleasant to the taste. Barks, leaves, roots, seeds, blossoms, were given whole, or made into teas, syrups, or pills. Thirty years ago it was no uncommon thing, when giving these remedies to children, to have to hold the child's nose, while, against its earnest protestations, he was made to swallow the dose. But in an active practice it is many years since I have seen a case of this kind. Eclectics have been in the lead in bringing about the elegant pharmaceutical preparations of the present day. The bitterest draught is so fixed up with essences and sweets that it is swallowed without a shudder. The most nauseating remedies are coated with sugar, or encased in gelatine, so that the fickle patient swallows them without an inkling of their vileness. And yet it is possible to push this matter of pleasant remedies too far. A remedy may be so emasculated by this plan that efficiency is sacrificed to pleasantness. And we claim, as a school, that those of our remedies which are not toothsome are yet efficient in their battle with disease. Time was when, as a school, we gave our remedies in crude and ponderous doses. Every year we have been progressing in the right direction on this line. Drops are given now where drams were the rule once. And yet we are escaping the other horn of the dilemma on which so many otherwise intelligent Homeopaths have become impaled, viz., the high-dilution theory. Remedies, to effect their purpose, must be given in sensible doses. And though I believe the sensible dose is often very, very small, yet I cannot think it so small as some would have us believe.

To summarize upon the foregoing: 1. The Eclectic labors to find the cause of disease, and then remove it.

2. The *materia medica* is so studied that remedies are given for their direct results, and with a certainty, in most cases, that beneficial results will follow.

3. Our remedies are made as palatable as a due attention to efficiency, and our present knowledge of pharmacy, will permit, the doctor always reserving to himself the right to say when and in what cases sugar pellets, bitter potions, or mustard plasters are required.

4. We admit that in the past too much medicine has been

given. Now for years Eclectics have been improving the quality and lessening the dose of medicines given to the sick, so that, while we give sufficient to be of service, we are careful not to give medicine to get rid of which the powers of life shall be taxed.

In conclusion, I fancy some uninitiated person putting the question, Are not the aims as set forth in these four propositions the aims which actuate every medical man, no matter of what school? My answer, I am sorry to say, must be, No. A very large percentage of medical men come from college halls hampered by prejudice. A great teacher says, "Prove all things, hold fast that which is good." But these men have been taught that the sum of all medical knowledge existed in their teachers. They must question nothing, but hold fast to what they have been taught, and thus progress is checked and independence sacrificed in the noblest of all arts, the healing art. The true Eclectic is bound by no dogma, he is enslaved to no master; and I am happy to say that, in both the Homeopathic and Allopathic ranks, there are men who answer this description. Nay, I will venture the assertion that, in my opinion, the best men—the most progressive physicians—in both these schools are neither Homeopaths nor Allopaths, but they are Eclectics. Our hopes for one grand school of medicine lie in the coming together of these men; and when bigotry and ignorant assumption shall be a thing of the past, and these men shall come together by whatever name they may be known, the platform of Eclecticism is the only platform upon which they can stand.

WHAT IS ECLECTIC MEDICINE?

BY H. T. WEBSTER, M. D.

THIS is a question which has interested many inquirers, and one which is often but unsatisfactorily answered. It will be the effort of the present article to make the subject clear to the popular reader.

But first let it be remarked that the idea is American in all its

bearings, and the name "American School of Medicine" has been employed by some as synonymous with "Eclectic" in this application.

It is American, because the idea had its origin in this land of the free, and because it is as broad and liberal in its principles and precepts as other American institutions. Its views of the relations which should exist among the profession and between the profession and the people are in consonance with American characteristics, unwarped by ideas of aristocracy or hereditary descent—the recognition of merit for itself alone. It is American in contradistinction to old-school medicine, which claims descent from the temples of *Æsclepiades*, when charms and superstition wrought supposed cures up through a long lapse of time marked by shallow pretense and absurd ignorance into the dawning light of rationalism, and down to the present—an Old World exotic, hampered by more or less of the crudities of its past existence, and governed by a code copied from Old World archives.

Eclecticism is American in contradistinction to Homeopathy, a German fancy originated by Hahnemann containing some truth but much error, and which wins its best laurels upon the pleasantness of its doses and the ignorance of its followers, who innocently suppose that all pleasant and harmless medicine represents this practice.

The word "Eclectic" literally signifies "to choose," but the assuming of the name must imply something more than the idea that the chooser arrogates to himself a certain privilege—common courtesy would declare that he who claims a privilege must extend to his fellow the same opportunity. Consequently, when employed in this connection it implies and means liberality toward the views of others instead of the arrogant assumption of a selfish right.

How markedly in contrast with such principles is the teaching of Dr. D. W. Cathell, who publishes a book entitled "The Physician Himself and What He Should Add to his Scientific Acquirement in Order to Secure Success," intended as a piece of advice to young physicians of the old "regular" or allopathic school.

In the quotation which follows, the term "Irregulars" has reference to Eclectics, Homeopathists, and others not recognized by this clique:—

"Never have companionship with irregulars; it would detract from both you and rational medicine, which you represent, and give countenance to delusion and pretenders. Avoid this and every other contaminating alliance."

In order to form a comprehensive idea of what Eclecticism in medicine means, the history of the manner of adoption of the name may be referred to with advantage.

Eighty years ago medicine was in a most deplorable condition, and this was before "irregulars," as Dr. Cathell styles them, were attracting any attention worthy of mention. Then if a patient could call a regular physician, take his medicine, and afterward recover, it was considered a merciful dispensation of Providence. The treatment, as everyone knew beforehand, would consist of bleeding, purging with drastic cathartics combined with calomel, while the poor sufferer was refused heaven's febrifuge and comforter—cold water—until, parched and delirious, he would crawl in many instances stealthily from his bed and steal what his stupid medical adviser forbade, while his watcher slept from fatigue, and probably recover; or, failing to do this, would die a lingering death, drugged and starved of nature's elixir.

Harsh and death-dealing were the resources of the "regular" medical man of those times, and no wonder that there arose a class of rational men, humble and illiterate perhaps, but sensible, who recognized the folly of such proceedings and sought by the use of simple herbs—"teas," sweating, and stimulants, with the following out of what it seemed that nature demanded in the way of drinks—the avoidance of the common methods of drugging and proper nursing, to establish a better—if less pretentious—plan of treatment.

This was the inauguration of Eclectic medicine, though the pioneers were termed "Medical Reformers."

Some of these men hardly knew what they believed except that any departure from the blood-letting, depleting, and mercurializing practice of old-school medicine was desirable. Some, and

many of them, were out-and-out followers of Samuel Thompson, whose methods and doctrines were the outgrowth, in many particulars, of the most extreme ignorance. The two extremes of the new school or reformed practice were best represented by Beach and Thompson. Beach was an educated old-school physician, who had discarded much of the old, both in theory and practice, and adopted many of the plants and roots native to this country, as remedies, while he desired to establish a practice on a scientific basis, realizing that much was still to be added. Thompson, on the other hand, had no education and announced a dogmatic theory founded upon assumption, and invented a "system," for which he secured a patent, furnishing to purchasers a book of instructions and permitting them to use it upon the payment of twenty dollars good money.

Thompson's system was superior to the reigning practice of the day, even though crude, and attracted many followers, as well as exciting ridicule and opposition from other quarters. About this time numerous newspaper articles were published, probably at the instigation of "regular" medicine—which is usually the power behind the throne in every stab made at innovations or encroachments upon its ground—condemning or sneering at Thompson's methods. However, there seemed to be some persons of ability who were inclined to champion Thompson's cause, and in the year 1825, a writer who signed himself "Eclectic" published a series of articles in the Boston *Patriot* ably defending the practice. Thus agitation continued, Thompson in the meantime being indicted and tried for murder (though acquitted), because, wonderful to tell, a patient died under his care.

But many of the reformers objected to Thompson's sweeping assertions, which condemned all mineral medicines and numerous vegetable agents as poisons, and believed that better success would follow a more moderate and rational view of the subject. This class regarded Dr. Beach, of New York, as their leader, and a warm spirit of opposition sprung up in the new school between the two factions. In 1832 the first medical journal opposed to old-school medicine ever published in America was begun at Columbus, Ohio. It was called the *Thompsonian Recorder*, and

advocated the claims of Thompson's system. Immediately an opposing new-school organ was started, termed *The Eclectic*.

Along in the '30's sometime this dissension among the reformers became marked, and one faction demanded a distinctive name which would leave Thompson and Thompsonianism out of recognition, while another desired that all new-school men should be Thompson's followers both in name and practice.

Numerous conventions were therefore called in the New England States, with the avowed purpose of adopting a name upon which all might unite; but upon each occasion dissensions and acrimonious discussion were the only results.

At one of these gatherings, probably the last one ever held, a number of notable new-school men from Connecticut, New York, New Hampshire, Massachusetts, and Vermont, congregated at Fitchburg, Massachusetts, and entered into debate upon the vexed subject.

As usual, debate waxed warm, and a Thomsonian advocate from Connecticut, Dr. Sperry, stated that the great advantage in adopting Thompson's name was that it would be a guaranty to the public that anyone so doing would make no use of the obnoxious methods of allopathy, for Thompson was so thoroughly identified with medical reform that there could be no misunderstanding in the matter. A gentleman from the opposition rose to reply, and, among other remarks, stated that he could point the former speaker to an instance where an old-school physician in another portion of the country was conducting a "Thompsonian Infirmary," and treating his patients with blue mass, calomel, and all the customary remedies of the old school. He also stated that he did not care to confine himself to vegetable remedies, but chose to select from "all God's broad domain," discarding meantime objectionable agents and measures as employed by the old school. He was here interrupted by the former speaker, who said derisively, "Now, I know what you are, you are an 'Eclectic.'" At this point Dr. Beach rose and asked permission to speak, and being granted the privilege, declared that "Eclectic" was the very name that he had been seeking, but had never thought of before.

"That is it!" he exclaimed. "That is the name we want, 'Eclectic.' It expresses our position in a single terse word. It declares our convictions and purposes both now and for all time, for the world can never outgrow it. It not only declares our present position as medical men, but is broad enough for the most brilliant future. We will inscribe it on our banner and will lift it higher and higher. It shall not only be our motto, but the day will come when the entire medical world will be a unit under its precepts." What a truthful prophecy!

In 1845, the Eclectic Medical Institute was founded at Cincinnati, Ohio—a school with which Beach held close affiliation, and to which undoubtedly he transmitted the name which first designated a distinctive class of physicians. From here thousands have gone forth to become honored and successful practitioners, and to look backward through a life of usefulness with grateful hearts to the precepts and wisdom there imparted. Some went forth and founded new schools, so that now in New York, Chicago, St. Louis, San Francisco, Atlanta, and Des Moines, legal and reputable Eclectic medical colleges are infusing intelligent classes with the accumulated knowledge that more than fifty years of earnest labor have achieved for itself, as well as the contributions of other schools; for as the word "Eclectic" means to choose, so its followers select from the whole professional world that which proves good, while it delves in its own field to add further aids to all this, thus carrying out the design of the far-seeing Beach and his followers, and constituting a class with whom progress must be inevitable if they live up to their profession.

It will thus be seen that "Eclectic" as applied to medicine does not mean a system or dogma. It is rather a principle embodied in the apostolic injunction, "Try all things. Hold fast that which is good." It would be difficult to formulate the doctrine, for every member is a law unto himself in many respects, though intelligent liberality, founded upon a liberal education, industry in the matter of constant investigation, progress and eminent success in practice, are the distinctive features of every one of its proper followers. Its motto is, "Sustain the Vital Forces," and its code of ethics, the Golden Rule.

By this time the reader has doubtless arrived at a conception of what is meant by Eclecticism in medicine, and learned what to expect of an Eclectic physician should he employ one. The practice has been modified very much since early times. Now, instead of the old method of haphazard compounding, in which uncertainty and nastiness figured prominently, the tendency is in the direction of the minute dose of the single remedy suspended in a pleasant vehicle and administered for its direct influence (dynamical effect), without the resulting unpleasantness certain to follow the disturbing action of the large dose. But in another portion of this pamphlet this subject will be more fully dwelt upon.

In closing it may be remarked that while we still adhere to the principles first enunciated, we have, upon the strength of those principles, advanced far along the road to success, by leaving behind old errors and embracing new truths. We have improved the practice, added to the knowledge of old, have learned better to manage the ills of the flesh, and, what is more, have set such an example to other schools that in this day, as Beach at the Fitchburg meeting nearly fifty years ago prophesied, all other schools have taken up the cry, and "Progress" is the motto all along the line. However, Eclectic practice (so called) and Eclectic methods are distinctive, and for the profit of the public should be better understood.

Written for the CALIFORNIA MEDICAL JOURNAL, Dec. 17, 1889.

DOCTOR HYDRARG.

FOR years his doses were heavy and strong,
Given at intervals of four hours long;
The "decided action" he aimed to get,
"An open bowel" he did not forget.

He "practiced medicine" from year to year,
Prescribing strong minerals without fear;
And boasted aloud of his wondrous skill,
With the use alone of the Hydrarg pill.

"Good-morning, Dr." Hydrarg! "anything new?"
"Well, have fever, and diphtheria a few!"
"Yes? What serves you best, will you kindly tell?"
"I find nothing to equal calomel!"

Reader, this is no joke, for this is true;
I knew full well these good old doctors two.
One of the new, and the other old school;
Each thought the other a fogy or fool.

Let them rest in peace, their life's work is done.
"Angel of Mercy" can be said of each one;
Their cordial manners and cheerful ways
Have relieved the sick, and lengthened their days.

G. E. P.

CORRESPONDENCE.

SAN FRANCISCO, Cal., Jan. 10, 1890.

DR. WEBSTER: I happened to be moveing from Alameda (we having sold out) on the days that the Med Society met there so of course I could not attend.

I see by this Jan No of the journal that some of the M. D. were asked to resign from the Society as they were advertising

Now I wish to say that I advertise and perhaps I had better withdraw. My Card is inserted in all theatre Programmes Christmas & New years books & Baseball Score books & any & all Mediums of advertising published by My husband & have had it in the California Voice & Church books. But I am not alone in advertising In an Oakland paper is to be seen Such names as

H. T. Webster M. D. he cures Chronic diseases & rectum & &

John Fearn M. D. also has his special & &

Jennie P Webbe. M. D. is also & &

At or near the door of Dr Websters office is a printed Slip Calling attention to the fact that he is Pres of Something high muck a muck of Something else & &

In San Francisco We have John C Schlarbaum. M. D. going around hanging electric Bells

M. H. Logan attaching his name to Soda, mineral & other matters as a non advertiser of course but being sure that his address & large practice is added

Marconay. M. D. incerts simply a Card in Hays valley journal

G. G. Gere M. D. Who we thought was a Modal of perfection has turned into a Cosmetic Surgeon I felt it as much as I Should a Galvanic Shock When I took up an Alcazar Programme I Could not believe my sences that he Should be picking out hairs black heads & & but it is a fact all the Same. Others again have runners & Solicitors to steer patrons to them Others are parteners with unlawful practitionars Such as C. C. O.Dorn yet some are boosted from the Society for letting people know they are in the World I for one think that a Dr has as much rights

as any other person has to advertise their business in any lawful respectable Manner. And as this is a free Country & I am an American I Certainly Will not Sit down & Suck my thumbs and let any body of either Men or Women tell Me What I must not do. While they are doing things that Will not stand out in Angelic brightness

Morrosco.

REPLY.

MRS. C. MORROS CO VAN LANGAU, M. D.—*Dear Doctor:* Your article carries with it something of an aggressive tone, and evidently invites debate, and as I am quite prominently honored with your favors, I will make a poor effort at reply. As a debater is supposed to take charge of his own case, leaving the other side to present its plea as best it can, your communication has been published *verbatim et literatim*, and your original paper is on file for future reference.

Permit me to remark that there is a difference between decent and indecent professional advertising. You have been in the habit of spreading your name through whole newspaper columns—certainly a very immodest way of coming before the public. Thinking people—people of intelligence, and these are usually substantial persons, the ones most to be desired as patrons—will never employ such a physician. They ask for better evidence of worth than a judicious selection of display type, which must emanate from the brain of the job printer. This is no better than filling the gutters with circulars, and is an evidence of weakness of intellect as well as of want of ability to succeed in a legitimate way. It brings medicine down to a level with the callings of the “butcher, the baker, and candlestick maker.”

You must have been forgotten at the State meeting, for your name was not mentioned. You certainly ought to be expelled, and probably will be next year. Either you will go out or I shall offer my resignation. When the time comes that I begin medical advertising, my first step will be to sever my respectable medical affiliations, for I shall feel it a duty I owe my old associates not to drag them into the mire because I go there myself. This is simply justice.

Dr. Schlarbaum combines the qualifications of electrician with

those of physician and surgeon. He is modest and gentlemanly—too much so to openly attack without just cause another physician. Dr. Gere's card, announcing a specialty and published in a theater program, is modest and proper. I have seen it and I saw nothing wrong about it. Ladies who attend theaters and actresses especially are the ones most likely to be interested in knowing where facial blemishes may be bettered.

My own card simply states that I make a specialty of chronic medical and surgical diseases. I prefer to do an office practice so far as possible, and as I find space quite expensive, I only occupy half an inch of column in one Oakland daily to announce it. The slip of paper you refer to never existed except in your own imagination. In that respect, as in others, you have been somewhat premature. The only approach to anything of the kind is a printed slip of plain directions for finding my residence, at my office door. On this the plain designation "Dr." is all that is used in reference to myself. Not even the title M. D. can be found upon it. I am modest and I know it.

Dr. Fearn has never had a boastful card in a paper in Oakland. His announcements are strikingly modest in contrast with yours, when it is remembered that he has practiced medicine more than twenty years, and you but little more than one.

Dr. Logan's announcements are not boastful so far as I have seen. He is entitled to consideration for much hard work and earnest endeavor. He does not try to build himself up by trying to pull down his neighbors. More than one of the *alumni* of our college will assert that the Doctor thinks less of self-gloryification than of the success and welfare of our students, for whom he has made in some cases perhaps too many sacrifices.

And here, out of respect to the subscribers of the JOURNAL, this discussion must end. I knew you would not be satisfied until your views had been ventilated, but a whole drivel of this kind of discussion will not be acceptable. H. T. WEBSTER.

SELECTIONS.

THE ARTIFICIAL FEEDING OF INFANTS.

ONE of the most difficult questions for the physician to decide when an infant is to be deprived of its mother's milk, and one which involves great responsibility, is, What shall we feed the baby?

The mother's milk is nature's provision, and under no reasonable consideration should the child be deprived of it. The mother who, for convenience' sake, refuses to nurse her infant, commits a crime against the child if it survives the first two years of its existence. If it dies, as a large proportion of infants do, she has assumed the responsibility, and is guilty before God.

Nature makes no provision for the child outside of its mother's milk, and for that the resources of art have so far failed to furnish a substitute. In foreign countries recourse is had to the wet-nurse, but in this country of mixed nationalities and criminal tendencies, the dangers are greater than those attendant upon the use of artificial food.

A physician who had one in his own family discovered that the nurse (unmarried) was pregnant, and, from her own confession, determined that wet-nursing was her chosen calling, and when her supply was nearly exhausted she deliberately became impregnated, and would continue to nurse until her condition was likely to be discovered, when she would retire until after the birth of the child, which was to be sent to the foundlings' home. She was then in her fourth pregnancy so contracted.

In cities where fresh cow's milk is not to be obtained, there is a greater necessity of resorting to artificially prepared foods. Where it can be obtained, if diluted with from one to two parts of water, in which a little salt is dissolved, it will often be abundantly sufficient.

There are such marked differences in the digestive powers of different infants that no arbitrary rule of feeding can be laid down.

The first available substitute is condensed milk. This should be thoroughly tried first. With us the genuine Swiss condensed milk serves a better purpose than the American brands. This should be diluted, one part with fifteen parts of water or rice water, or, better yet, with barley water, for a few days, but the proportion of milk must be rapidly increased, until during the second month one part to eight or ten are given, and in the third month, one to six or eight.

When a food agrees with the child there is more liability of giving too little than too much. The child will stop nursing when it is fully fed. And if it is unsatisfied and restless after taking a large quantity of watery food, it is not nourished. This will often be observed when nursing at the breast when there is a large quantity of milk, poor in nutrition. In these cases it is necessary to substitute artificial food in full or in part.

The addition of a small quantity of cream to the different foods used can be made if the infant can digest the fat easily. There is so much difference in this particular that the cream must be added and increased very slowly, and its digestion watched. It is nutritious, and a fat former of much value if properly digested. An excess of gastric acids may be neutralized, where they interfere with the digestion, by the addition of lime water to the menstruum, or by an occasional small dose of the *syr. rhei. et potass. co.*

Milk foods in some one of the many forms are, of course, to be preferred in the earlier months of feeding. The manufactured foods which may be placed in this class are Nestle's food and a substance comparatively new called malted milk, and Carnrick's food. These are more easily appropriated by very young infants, and when adapted to the digestive ability of the child, will each give eminent satisfaction.

After the first eight or ten weeks choice may be had of Imperial Granum, or Ridge's food, or Liebig's; but these are generally better adapted to children from three to eight months old. However, in cases of enfeebled digestion in the earlier months followed in warm weather by diarrhea and prostration, I have controlled the diarrhea and instituted an improve-

ment in the digestion in several cases by the use of Imperial Granum. I have not been favorably impressed with milk pre-digested, or humanized milk, prepared by the peptogenic milk powder. Theoretically, it should be the most perfect substitute for mothers' milk, but in practice it disagrees with the little ones in many cases, and if retained does not always nourish, although this objection can be partially overcome by the addition of cream.

In a few cases of complete inanition, where it seemed impossible to adapt a food to the little patient, I have taken that food which was least objectionable, and have advised that the child have a small quantity every hour, to which is added five drops of Murdock's liquid food. This is continued for a few days, until the babe improves somewhat in strength, then the food is given every two hours, with eight or ten drops of the liquid food. Theoretically, this food should not be well received by infants, because of the fact that it is a meat extract, but practically it contains about fifty per cent or more of free serum albumen, and an abundance of the other constituents of healthy blood, which are absorbed directly without material change in process of digestion, and immediately supplies to the blood those principles not supplied by any other food. Because of the lack of the principles essential to the construction and preservation of the red blood corpuscles, artificially-fed infants become pale, and the skin becomes almost transparent. The direct supply of these essential principles with Murdock's liquid food prevents this, and gives the child the ruddy appearance of health.

The following conclusions, then, may be drawn from this desultory paper:—

Encourage by every possible means the nursing of the child by the mother. Show her the extreme danger of undertaking to raise her infant artificially, notwithstanding some other child might have "grown fat and kicked" on simple food.

Milk foods and diluted cream are nearest to the natural food, in the first months of infantile life, and may be substituted by starchy foods after three months or more.

It will not do to follow the theories concerning the possible

action of a food, but let its clinical use actually determine its value in the case in hand, and if one food does not do well, try another.

Let the usual evidences of a good appetite and natural digestion, with the subsequent appearances of health and growth, determine the continuance of a food. On the other hand, let the evidences of indigestion and malappropriation, with increasing paleness, loss of weight, and the other apparent evidences of wrong feeding, determine the trial of some other food.

Never give a child its food through a long complex rubber and glass tube attachment, as these *cannot possibly be cleaned*. Use a smooth glass bottle with large red rubber nipple over the mouth, thoroughly scalded and cleansed after each feeding.—

Chicago Medical Times, Editorial.

HYDRIODIC ACID.

IF any alterative is more in demand than the iodides, it would puzzle therapeutists to agree upon its name. Many obscure deviations from health exist, amounting not always to pronounced disease, which will not give way to simple tonics or to depurants of the purgative order. These maladies are the bane and torment of a busy doctor, and many times he gets them out of his list by the use of iodides. Then again, when well-defined cases of scrofula and syphilis are under our care, the value of a good alterative is pre-eminently a question of moment. Unfortunately, the iodides in large or long-continued doses have a tendency in many instances to inaugurate stomach disorders, and yet the absolute need of the remedy is apparent. What then shall we do?—We can have recourse to hydriodic acid. For years this agent was officinal in the dispensatory, but it was dropped because of its unstable character, which made it not only unpleasant, but unsafe to administer. For almost ten years the acid was not obtainable, until in 1878, when Mr. R. W. Gardner, of New York, introduced the agent in the form of a sirup, which the best tests have shown to be unalterable by any ordinary expos-

ure in the sick-room, unless in hot weather, when, of course, it should be excluded from either extreme light or heat. Sufficient time has now elapsed to demonstrate that the claims made for the sirup are well founded, and that it replaces the salts of soda and potassa in an entirely satisfactory manner. An important addition in the form of sirup of hydriodic acid has therefore been made to current therapeutics. By the use of this sirup we obtain, in a palatable form, iodine in its most effective state. Mr. Gardner has shown that—

“When not decomposed, hydriodic acid is of a light-yellowish color, is perfectly non-irritant, gratefully acid to the taste, and rendered still more acceptable if combined, as in this preparation, with sugar.

“In chemical composition it consists of one equivalent each of iodine and hydrogen (HI). As the equivalent of iodine is 127, and that of hydrogen 1, it follows that the proportion of hydrogen present as compared to iodine is less than 1 per cent (78-100 of 1 per cent). Absolute hydriodic acid is, therefore, nearly pure iodine. It affords the most natural and effective means of assimilating iodine, as the hydrogen with which it is combined is one of the largest elementary constituents of the body. The combination renders iodine more assimilable, therefore, because in physiological harmony, while it is medicinally more active, and deprived of its objectionable irritant properties, and changed from a most disagreeable to one of the pleasantest of remedies.”

One fluidounce of this sirup contains 6.66 grains of iodine converted into hydriodic acid. Its action will be found more efficient in equivalent doses than iodide of potassium, while it produces none of the unpleasant effects of the latter, such as loss of appetite, soreness in the fauces, nausea, etc. Physicians who use iodide of potassium largely will appreciate this, because it is more active than iodide of potassium, and should be given in smaller relative doses, thus not interfering with digestion.

Its effect upon mucous surfaces is more marked than with other forms of iodide, while it is effective in smaller relative proportions, and when required it is so free from irritant action that it may be given to the youngest infant.

Our chemist just quoted further adds that hydriodic acid has a characteristic subacid taste, and if the sirup contains about 6.66-100 grains in one fluidounce, it will taste like lemon sirup or lemonade. Consumers of the sirup can be guided as to any deleterious change in it by noting the color. When decomposition has occurred in sirup or hydriodic acid, it becomes first red and finally black. This is owing to the very feeble chemical affinity existing between its elements, and is caused by the gradual oxidation of the combined hydrogen into water (HO) and the consequent freeing of iodine which passes at once into solution in the remaining hydriodic acid.

In this condition it is unfit for medical use, because the irritant action of free iodine is again restored.

It will be seen that this change is inherent, though it may be delayed. After this change has commenced, however, it is progressive, and the preparation cannot be restored to its former condition.

The best method of preventing this change is to keep the sirup in as cold a situation as possible, in a refrigerator if convenient, during warm weather, and carefully excluded from air by keeping it well corked.

The sirup of hydriodic acid is especially serviceable in asthma, hay fever, acute and chronic rheumatism, chronic bronchitis, and in many chronic congestions of the mucous tract. Probably the greatest value to the practitioner of sirup of hydriodic acid will come from its employment in syphilis, particularly in the latter stages. The stomach is often rebellious at this time, for it has most likely been surfeited with mercury. Many cases drag along under iodine because not enough of it can be borne, and mercurials frequently are not only useless, but at times injurious. Instances such as those related bear admirably large doses of sirup of hydriodic acid. Some cases have come under my observation in which the patients were at a standstill, who at once brightened up and rapidly improved under the use of the sirup of hydriodic acid. If thought desirable, the biniodide of mercury (the red salt) can be combined with the sirup, but the protiodide cannot be used at the same time, because it (the green salt) would

be converted into the former salt, and unless care was taken the unexpected activity of the sirup thus prepared would exceed the prescriber's expectations, and possibly injure the patient. In syphilis the sirup can be pushed, if needed, until the characteristic saturation is evident, or when the metallic tastes become pronounced and we know that iodism is near at hand. It is advisable, however, not to carry the administration so far.

In rheumatism the sirup may substitute the alkalies and may cut acute attacks short sooner than the ordinary drugs that are usually prescribed. It is certainly a useful article in chronic muscular rheumatism. It has done good service in my hands in sciatica. It may be administered during acute rheumatic attacks without reference to the fever, and in moderate doses, say a teaspoonful or two every two hours. Of course it will not act promptly and effectually in all cases, for rheumatism is notoriously fickle as related to curative agents. In bronchial disorders small and frequently-repeated doses are better than large ones. It may be administered in this latter affection in from twenty to thirty drops every two hours. The sirup has been recommended in chronic arsenical poisoning, several cures being noted. In lead poisoning it has also been serviceable. In obesity the steady administration of the sirup of hydriodic acid with suitable regimen has a very happy effect. We are not too well supplied with agents of repute in this disagreeable complaint, hence a note on this point in reference to its use in this respect is of utility.

Many skin diseases are benefited by the sirup of hydriodic acid. In connection with cod-liver oil it is valuable in some varieties of eczema, particularly in children. It is especially efficacious in the form known as scald head, which is often so obstinate and unyielding to many remedies. Scrofulous persons (those predisposed to glandular troubles) receive decided benefit from its use. The red-eyed children, those having recurrent granular lids, with repeated attacks of mild conjunctivitis, derive great relief from sirup of hydriodic acid. A case of amyloid liver with fatty heart, in the practice of Dr. F. A. Burrall, of New York, was notably aided by the sirup of hydriodic acid, and he indorses it in glandular troubles generally. Dr. Blackwood,

of Philadelphia, has employed it largely in his practice, and reports cases of exophthalmic goitre, lumbago, and uterine catarrhs, which were cured by the sirup. It is desirable that hydriodic acid should be given by itself; inasmuch as it is very susceptible to chemical action, combinations with other remedies might act injuriously upon it. Metals and alkalies are incompatibles, so also are oxidizing agents, as, for instance, acids, permanganate and chlorate of potassium. These would form iodic acid, which would be highly injurious to the patient. If intolerance becomes apparent, as occurs with all really active medicines, after a more or less extended use, the sirup should be dropped for a week or ten days, when most likely the stomach will have recovered its tone, and it may again be administered. Unlike many remedies which, when once objected to in this way, are never likely to be good again, the sirup is just as palatable and equally efficient when taken up after a vacation (so to speak) as when first given, which is an important characteristic of this remedy. Although sirup of hydriodic acid is used by many practitioners, we call attention to it, believing that a wider knowledge of it is desirable, and feeling certain that a careful trial by physicians at large will add to their armamentarium an important remedial agent, and that they will learn to appreciate its value as we have, by its employment in a wide circle of disease for many years.—*John V. Shoemaker, A. M., M. D., in Dietetic Gazette.*

THYROID LUXATION OF THFEMUR.

ON August 24, Dr. C. Gunkel, a reputable physician of Cincinnati, invited me to visit a patient of his on Western Avenue. I took Professor Bloyer with me. The patient was a girl fourteen years of age, who, a year or more ago, while at play, received an injury of the right leg. A doctor was called to take professional charge of the case, and he invited other physicians to assist him. The injury was at first pronounced a sprain, then it was declared to be a fracture. Two or three of the doctors were called, because they claimed surgical ability, and named the de-

fect "hip disease," and ordered elevated soles for the sound limb—the injured one being two or three inches too long! On what hypothesis the stilting was advised it would be difficult to conjecture, unless the elevation might enable the girl to clear the ground with the elongated limb. Two such elevations on cork soles had been tried.

When I first saw the girl she could walk across the room without crutches, yet with a painful and awkward gait. The joint at the hip was restricted in all its motions; and in taking slow and guarded steps the patient swung the limb outwards, or away from the central line of the body. The nates were perceptibly flattened on the right or defective side. Great pain was provoked by attempts to carry the limb through ranges of motion. The toes were directed forward, the ankle joint was normal, and so was the knee. The muscles on both anterior and posterior aspects of the thigh were not too lax nor too tense, though the adductors were taut. The right leg was nearly three inches too long, as seen at the knees, the ankles, and the soles of the feet.

I reasoned, by way of exclusion: Was this *morbus coxarius*—hip disease?—No, elongation too great. Was there fracture or separation of the upper epiphysis of femur?—No, because in that injury there would be shortening, and not elongation. Was there simply a sprain?—No, too much elongation. What remains as a characteristic injury?—Why, dislocation of head of femur into the obturator or thyroid foramen. Such a lesion would account for all the defects, and none other would.

The dislocation had existed a year or more—could it be reduced at this late day? I thought it might be returned to place, and invited Professor Bloyer to administer chloroform. Anesthesia was not readily effected, but in fifteen or twenty minutes the patient succumbed. I then took the limb and forced it through motions to break up fortuitous adhesions, as preliminary to attempts at reduction. I felt and heard such bands break, and at once proceeded to manipulate for the contemplated reduction. I flexed the leg to a right angle with the thigh, and then with my right hand on the leg and my left on the thigh, I rotated the

limb *outward*. This lifted the head of the femur from the thyroid foramen, and the strained muscles pulled it upward and into joint, the return being attended with an audible snap. The legs became of equal length at once, and all the deformities disappeared. A few days of quietude in bed, and then careful exercise for a week or so, got rid of tenderness and all evidence of injury.

It is useless to report such a case unless the reader can learn something from it; and I trust a point or two may be learned by the wording. Some of the physicians having the case in charge can lay claim to surgical ability, therefore how could they be deceived in regard to the lesion? They got their minds bewildered with the subtleties of hip-disease; and they were probably not familiar with dislocation of the head of the femur into the thyroid foramen. Their treatment was a travesty on surgery, no matter what the lesion might have been.

In the report I have endeavored to impress the reader with the greatly increased length of the limb—too much for any stage of hip-disease. I have called attention to the straightforward direction of the toes, to the nearly normal condition of the muscles of the limb, and to the restricted range of the ileo-femoral articulation; yet the pronounced lengthening of the limb alone could be considered diagnostic of luxation.

The reduction was easy after a few fortuitous bands were sundered. Dislocation into the thyroid foramen is, of hip-joint luxations, the easiest to reduce. Great manual force can be applied to leg and thigh to rotate the head of the femur. While the manipulative force is exerted, the leg and thigh are partially flexed. The cup in the brim of the acetabulum is convenient for the return of the luxated head of the humerus.

This was a favorable case for Sweet, or any other "natural bone setter." A brief manipulation restored a luxated bone to its normal position, after "regular doctors" had failed! What a triumph for inborn talent! What a set-back for aristocratic and scientific medicine! I claim no more credit in the diagnosis and successful reduction than belongs to any well-done piece of work, —to the diagnostication and evacuation of a deep abscess. On

the other hand, I feel that kindred mistakes bring contempt upon the pretensions of a profession I have labored to honorably and honestly sustain.

Since I wrote my treatise on "Fractures and Dislocations," I have had considerable experience, which leads me to speak with more emphasis about some things than I then felt warranted in employing, though the cases are rare in which I have had occasion to make radical changes. I once said: "In the dislocation downwards, the head of the femur is forced into the obturator foramen, rupturing in its descent the round and capsular ligaments, and putting upon the stretch the psoas and iliacus muscles, as well as the glutei and pyriformis. The head of the bone rests upon the extreme obturator muscle, and indents the obturator membrane." In regard to treatment I said: "No pulleys or kindred appliances are required to effect reduction. The patient is to be placed on the sound side, and the surgeon grasps the foot and knee, flexes the leg on the thigh, and carries the limb into a position of extreme abduction, or the point it was made to assume when the dislocation occurred. *One hand now clasps the knee and forces it into extreme abduction, while the other hand placed on the inside of the thigh near the body, pulls the head of the bone upwards and outwards into the socket.*"

The above direction will reduce a dislocation into the thyroid foramen, especially if the knee be made to sweep inwards, or across the sound thigh. But I have learned a somewhat simpler plan, and explained it in the clinical case detailed. The leg is flexed to a right angle with the femur, and the thigh somewhat flexed to ease the tension on taut muscles. Then with one hand on the leg and the other on the thigh, *circumduction*, or rotation outward, is imparted. This raises the head of the femur from its bed in the foramen ovale, and the muscles quickly pull it into the acetabular socket. This is the easiest and the surest maneuver to reduce the luxation.

Bigelow, on "The Hip," has a diagram which clearly shows how not to effect reduction, though he describes his position as one showing how to do it. Bigelow's directions for manipulation are: "Flex the limb toward a perpendicular, and abduct it a little

to disengage the head of the bone; then rotate the shaft strongly *inward*, adducting it, and carrying the knee to the floor."

The rotation should be *outward*, and not "inward." To rotate outward is to lift the head of the femur from its bed in the thyroid foramen, and to give the muscles an opportunity to pull the bone into joint. I have verified my method over and over again on the skeleton and on the cadaver, and several times on the living subject. I say, furthermore, that the reduction can not be effected by the Bigelow plan. The inward rotation might throw the head of the femur behind the tuberosity of the ischium, bringing it a little nearer the acetabulum, but it could not enter the cavity without tearing an aperture in the capsular ligament—a feat it could not accomplish. I invite surgical attention to this subject, challenging disputation. The luxation can be overcome in two or three ways, but not by "rotation inward."

A fact worth remembering in connection with obscure ileo-femoral lesion is, that in thyroid dislocation patients are able to walk fairly well directly after receiving the lesion. It is difficult to feel the head of the bone in its new position, so deeply is it covered with muscles; and the great trochanter hides the socket. The best diagnostic point is the greatly increased length of the limb. No other lesion gives so much elongation. It is more than the distance between the center of the acetabulum and the center of the thyroid foramen, therefore some of the lengthening must come from a twist in the pelvis.

Bigelow represents that the heel is raised as the patient takes the erect attitude. I have not observed such elevation. However, I admit that such might be the case in peculiar displacements. All of my cases have been in young subjects. One was that in a lad whose father placed him on a saddle, with the feet between the straps that supported the stirrups. The horse in a frolic tried to throw his juvenile rider by running round a field. The lad disengaged one foot, but was held and swung by the other. The dismounting threw the head of the femur into the obturator foramen, and the swinging of the body forced the bone behind the tuberosity of the ischium and upon the dorsum ilii. In that secondary position the head of the femur could not be

made to enter the joint, several surgeons trying the maneuver. But, reasoning upon the nature of the injury—upon the forces brought to bear in the accident—I saw that the original displacement was into the thyroid foramen, and the occupancy upon the dorsum ilii was sequential; therefore I manipulated to carry the head of the bone back to the obturator foramen, and then into the joint by the process already described. The interest in the case centered in the diagnosis—in the course the head of the femur took in reaching the dorsum ilii.—*A. J. Howe, M. D., in Eclectic Medical Journal.*

GOITRE TREATED SUCCESSFULLY WITH STROPHANTHUS.

UP to the present date I have treated successfully five cases of goitre without a single failure.

Miss Anna C., aged 22, called on me Dec. 10, 1888, suffering from "big neck," as she called it. Various remedies (such as ergot, bromides, and digitalis were given internally, and injections of carbolid acid and ergotin were made into the gland) were tried without any appreciable results. At last I prescribed strophanthus for her in ten-drop doses three times a day. At the time she commenced taking strophanthus her neck measured fourteen inches. In ten days it measured thirteen inches, and in three weeks twelve inches. The strophanthus was given in ten-drop doses three times a day for one week, and then increased to twelve drops three times a day, and finally up to sixteen drops three times a day. The enlargement subsided very rapidly, and in two months she declared herself well, and to all appearances she was cured. The only unpleasant features about the treatment in all cases that I have treated is the profound dizziness and faintness.

Miss Jennie R., aged 16, called on me Jan. 8, 1889, with an immense goitre. It measured thirteen and one-half inches. She was put upon the tincture of strophanthus, and her recovery was as prompt and satisfactory as the first case reported. She was discharged cured, March 15.

The other cases were similar to those, and the recovery equally rapid.

My attention was first attracted to the value of strophanthus in goitre in a most singular manner. Last December Mrs. R. sent for me to treat her for some heart trouble. She was short of breath, suffered from palpitation, and had a very bad capillary circulation. She informed me that digitalis acted like a poison to her. She also showed me her goitre, an enormous one, and said that her former physician had given her ergot and digitalis for it, without any effect, save to make her deathly sick. She needed a heart tonic, and I prescribed it for her in big doses (ten drops every four hours). I left her and saw no more of her for three weeks or more. When she did show up she was much improved, and the most astonishing part of all was, her neck was decidedly smaller. Her breathing was good and she felt much better, and she was greatly relieved, but never cured, for the simple reason she would not take it any longer.—*S. T. Yount, M. D., in Medical Waif.*

WANT OF SLEEP.

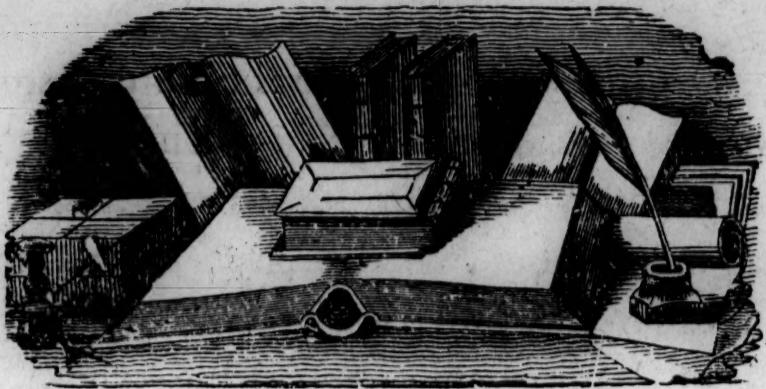
ARE you afflicted with insomnia? Perhaps you have too much time for sleep; perhaps you depend too much on sleep for rest and recuperation—for sleep is not the sole rest of used-up nerves. Sociability, congeniality, and the enjoyment of good company, rest the body quite as much as sleep.

The dreary monotony of life in many a household, involving this tumbling into bed with the mechanical regularity of a machine at nine or ten o'clock in the evening, does not always rest weary bodies. "Early to bed and early to rise" does not always make a man healthy, wealthy, or wise.

Numbers of organizations are capable of only five or six hours' sleep at a time, and their early lying down to rest is often succeeded by an early waking up and a consequent restless tossing for hours preceding daybreak. The practitioners of punctuality are often surprised, after breaking their own cast-iron rules and

passing two or three later hours of mirth and jollity past their usual bed-time, to find themselves even more refreshed than usual in the morning. The relaxation of sociability has rested them more than would sleep or an attempt to sleep. But these are conditions not so easily reached in the average family.

In fashionable life we have a formal, exhausting and mechanical evening of more or less dissipation. On the other hand, the evenings of great numbers of families are monotonous humdrum. They involve the assemblage of the same people, the same surroundings, the same *paterfamilias* yawning over his paper, and the same querulous mamma overladen with family cares. Fresh people, with fresh thought, fresh atmosphere, anything to stir up and agitate the pool of domestic stagnation, are sadly needed and sadly scarce. There needs to be also a constant succession of such fresh people to bring about these results. The world is full of men and women, and in a better regulated life it would be the business, after the day's work was done, to entertain each other and give each other fresh life. As it is now, hundreds and thousands of our households are little better than cells for the incarceration of each family. Thousands are thus worn out prematurely from the utter lack of domestic recreation. There might be written over the graves of thousands: "Bored to death by the stagnation of domestic life."—*Christian at Work.*



EDITORIAL.

Is It La Grippe?—We are having, and have been having for several weeks, a widely spread prevalence of catarrhal inflammation of the respiratory tract in this section. Had it not been for the silly efforts of the secular press to create a sensation over some far-fetched European name, many forebodings and terrors at least might have been averted among the people. This, however, does not apply to our home talent, which has considered the subject with moderation and good sense. But even one of Oakland's physicians has rushed into print (in a paid-for article, probably) to announce his wonderful success in controlling a genuine case of *la grippe* with lobelia inflata 3x. How old Sammie's bones must have rattled over such heresy with his favorite agent! Great is lobelia in the hands of homeopathy.

For the past three months it has rained almost constantly, and flesh and blood must finally cease resistance to the steady influence that a condition of atmosphere induced by attendant circumstances must bring about. Not to mention accidental wettings and unavoidable dampness of feet that many who must be out may be subject to, a constant damp atmosphere proves a strain upon respiratory membranes, and they finally cease to be resistive and become congested. Then the trouble begins.

We believe, then, that this is simply a widespread endemic due our "glorious climate," though we recognize, or imagine so, at least, epidemic influences every season, almost, and there may be something of the kind here now—indigenous, however.

But if it truly be *la grippe*, we are having it in light form, and only bunglers ought to have many serious cases on hand. Cathartics, quinine, and opium, the mighty trio of a certain fos-

silized clique, may prove a bonanza to the undertaker, but a little old-woman sense and chamomile tea, with good nursing, will guide the majority safely through.

However, judgment should be exercised in the management of these cases, and differentiation in the employment of means to aid nature's efforts be observed. Sometimes there is irritability of the stomach; the tongue is red at the tip, pointed, dry, and glazed along the center, and everything taken into the stomach, even though it be of the blandest character, is immediately rejected. Here we will find the following combination to act promptly for good:—

R Aconite, gtt. v.
Rhus tox., gtt. x.
Aqua, ad., q. s., 3 iv.

Sig.—Take a teaspoonful every hour.

This will not only change the aspect of the tongue and relieve the irritable stomach in a few hours, permitting the judicious use of bland articles of food and drink, but the severe muscular pains, the headache, the restlessness, and other general symptoms, will subside, while the cough will soften down and vanish under its influence. But be sure and keep quinine away from such a case as this or you will undo all that other treatment might accomplish.

Then we have another class of cases ushered in by persistent chilliness, with shiverings alternated by hot flashes, severe break-bone pains, with undue activity of the kidneys, stuffing of the Schneiderian membrane, deep, rasping cough, and full, hard pulse. In the former case the pulse is liable to be small and wiry. The muscular pains here are so prominent as to almost give the condition a name—rheumatic fever—though the staying symptom is the cough, which persists when the patient is convalescent. The tongue is not much altered from health in many of these cases.

Here we have the prince of remedies in jaborandi. Sometimes it is well to inaugurate the treatment with a full dose, twenty drops in a cup of hot water, following with this prescription:—

R Jaborandi (s. m.), 3*i.*
Glycerinum, 3*i.*
Aqua, q. s., ad., 3*vi.*

S.—Take a teaspoonful every hour.

We want no form of jaborandi for this purpose, or any other, that does not impart a greenish tint to the vehicle which contains it. Possibly the vapor bath might be substituted with advantage for the large dose of this agent in the beginning.

Such are the two commonest forms in which our influenza is abroad, and the simple treatment prescribed paves the way well to minor details. In some cases there is marked periodicity, and after secretion has been established, a few doses of quinine, administered so as to anticipate the exacerbations, may be of service, even though harmful when administered without discrimination. Cimicifuga may assist in relieving the muscular pains, an infusion of the recent root in tablespoonful doses every two or three hours being preferable to other forms. Antipyrine, a single dose of ten grains, may help the patient through the first night, until the sedative has time to do its work, relieving pain quieting cough, and inducing sleep.

For the cough we have a wide range of indications. It may be stuffy and asthmatic, with nasal obstruction as the reflex cause. Here Howe's juniper pomade applied to the nostrils may work wonders. Or it may be wheezy and rattling, with severe paroxysms of effort at removal of offending material, with subcrepitant râles, the irritation being largely in the small tubes and calling for tartar emetic 2*x* trituration. Or the larynx may be the part principally involved, as indicated by barking cough with hoarseness of voice, calling for potassium bichromate 2*x* or 3*x*.

If there is an epidemic remedy we confess to not having as yet found it, though we have searched diligently. Baptisia is not the one this time. It possesses no virtues in the case. One of the most successful means we have tried is the following combination where the larger tubes are involved and the cough is deep, prolonged, and dry:—

R Elecampane (s. m.), fʒii.
Asclepias tub. (s. m.), fʒii.
Simple syrup, fʒii.
Aqua, ad., q. s., fʒiv.

S.—Take half a teaspoonful every half hour until cough is better, then a teaspoonful as often as indicated.

It will be noticed that no opiate enters into the combination. It might be well in exceptional cases to add a small amount, but the effect has been disastrous in the only case of this season in which the agent was permitted after much solicitation—a collapse, hurried call for family friends, the minister, and other doleful portents. The doctor was called first but came last, but by forbidding any more of the opiate and changing the treatment a few hours, placed everything in better light, and the patient finally recovered.

When evidences of pneumonia are detected, potassium chloride should not be forgotten. It goes a little further than any other remedy in removing tendency to plastic exudation.

Medical Legislation in Washington.—Promptly with the admission of Washington as a State, the "regular" fraternity have "regularly" moved in the matter of agitating medical legislation into their own hands. Whatever may be the faults of the descendants of Hippocrates and Paracelsus, want of cheek and persistence in impudence is not one of their short-comings. In spite of repeated rebuke and defeat, an occasional partial success seems to give them heart to continue to be doggedly persistent in demanding monopoly.

The physios have manifested unwonted activity here in organizing a State Medical Society (thanks to a little wholesome medicine administered some time ago by the JOURNAL), and will probably see to it that their interests are considered. We have received a number of communications from Eclectics from that quarter on the subject, which shows that they are not asleep. Dr. McDonald, of Dayton, and Dr. Case, of Tacoma, have both been heard from, and the probabilities are that the Legislature will

at least know that there are other interests to be considered in the State of Washington besides those of Hunkerism.

Dr. Case incloses a clipping which describes the proposed bill as follows:—

“Dr. Power, of the House, has in charge the bill introduced in the House to regulate the practice of medicine and surgery in this State. The bill which has been heretofore noticed in the *Globe*, has for its design the proper and legitimate examination of applicants to practice medicine and surgery, and to prevent quackery and the visits of peripatetic specialists who overrun the country at stated intervals and bleed the people of their hard earnings without rendering any just equivalent for their receipts. The bill also aims to prevent incompetent persons, who have certificates from institutions of alleged learning, from rallying on the new State in hordes and killing off the good people. The bill was prepared by the Thurston County Medical Society, a body composed of learned practitioners, and has been adopted as the correct thing by the State Medical Society.

“The bill is practically the same as the law on the subject in force in Minnesota, and which has stood the test of the Supreme Court of that State. The provisions of the bill are strict, and commend themselves to the people as a fair protection to all who may be likely to need the services of physicians, and as everybody is likely to, the matter is one of general interest, as it legislates for the people of the State instead of those outside of it. The lame ducks in the medical profession may object to the act as being too restrictive, but its provisions properly enforced will not keep out of public use any person who ought to be allowed to receive the patronage of the public. The bill provides for a board of nine examiners, to be selected from the well-known regular physicians of the State, of whom two may be homeopaths. The board shall keep a register of all applicants for a license to practice medicine in the State. All persons hereafter commencing the practice of medicine or surgery in the State, shall apply to the board for a license, and be subject to a thorough examination in anatomy, physiology, chemistry, histology, *materia medica*, therapeutics, preventive medicine, practice of medicine, surgery, obstetrics, diseases of women and children, diseases of the nervous system, diseases of the eye and ear, medical jurisprudence, and such other branches as the board shall deem advisable. If the examination is satisfactory a license shall be granted, by the consent of not less than seven members of the board. The fee shall be \$10. The board may refuse or revoke a license for unprofessional or dishonorable conduct, and an appeal may be made to the ap-

pointing power of the board. A copy of the license shall be filed with the clerk of the District Court. Any person practicing medicine or surgery within this State without first having obtained the license, or contrary to the provisions of this act, shall be deemed guilty of a misdemeanor, and, upon conviction, shall be fined not less than fifty (\$50) nor more than one hundred (\$100), or by imprisonment in the county jail not less than ten (10) nor more than ninety (90) days, or by both such fine and imprisonment. Any person shall be regarded as practicing within the meaning of this act who shall append the letters "M. D." or "M. B." to his or her name, or for a fee prescribe, direct or recommend for the use of any person, any drug or medicine, or agency for the treatment, care, or relief of any wound, fracture, or bodily injury, infirmity, or disease; provided, however, the act shall not apply to dentists."

The doctor writes thus:—

"What I more particularly wish to ask you is concerning the bill introduced or about to be introduced into the State Legislature. Eclectics are not to be recognized upon the State board. Is this not special legislation? Is it not an invidious distinction made in favor of Allopaths and Homeopaths as against Eclectics? What course had I better pursue in the matter?"

"Though I have graduated at a so-called 'regular' (allopathic of course) school and attended the New York Polyclinic and the New York Post Graduate schools, and also received instruction at 'regular' institutions in Philadelphia and Boston, still my allegiance is to the California Medical College, which is my true *alma mater*. I found in my attendance at these so-called 'regular' medical colleges, no wiser men, no better instructors, nor more truly conscientious gentlemen, than compose the faculty of the California Medical College. My well-known and repeatedly avowed allegiance to the Eclectic cause has made me the recipient or object of the most contemptible spleen, spites, and hatreds of the "regular" so-called practitioners of this city. But notwithstanding all of this, I have doubtless the largest clientage of any physician in Tacoma. There will be other Eclectics to come here, and for their protection as well as mine, I think some effort should be made to thwart these egotistical bombasts and wiseacres in their unwarranted and damnable trickery. I know that the trustees of the California Medical College had the same thing to encounter in the Legislature of California when the hirelings of the Cooper Medical College (then Medical College of the Pacific) and the Toland Medical College (now so-called University Medical College

of California) were attempting to subvert the will of the people. And with what poor grace, too, to come from those two above all other 'institutions.' The Medical College of the Pacific (now Cooper Medical College)—convicted in court of selling diplomas, and the Toland Medical College (now University of California Medical College) conferring the degree of Doctor of Medicine upon quack Toland, their professor of surgery, and O'Neal, their professor of anatomy. Now, you downed them in their hellishness, and I would like you to tell me what course I shall take to intercept these highbinders in their nefarious work of ostracizing Eclectics from recognition upon the State Board of Examiners."

In reply we would suggest organization—the formation and incorporation of a State society, which shall be a nucleus for combination against a combination. Dr. J. H. McDonald, of Dayton, has already drafted a petition against class legislation, and a copy has probably been forwarded to the Legislature with the signatures of liberty-lovers appended. Below we reproduce it:—

"To the Honorable Senators and Representatives of the State of Washington in Legislature Assembled:—

"We, your humble petitioners, citizens of the State aforesaid, being greatly interested in her prosperity and welfare and especially the liberty of her people, would respectfully call your attention to the character of a measure now pending before your honorable bodies, known as "House Bill No. 27," purporting to be an act to regulate the practice of medicine and surgery in this State, but which is virtually a blow at the liberties of the people. Insomuch that in accordance with its provisions, the people would be placed at the mercy of one school of physicians only, namely, the so-called regulars or allopaths, as the bill provides for a State Board of Examiners of nine members to be selected from that school of medicine. True it says two of said board *may* be Homeopaths, but what could two Homeopaths do with seven Allopaths? While the Eclectic, and Physio-Medical, or Botanic physicians, and Electro-Therapeutic practitioners are ignored entirely. All are left to the mercy of this one school, the regular (Allopaths), which alone of all the schools of medicine (by their acts) acknowledge their inability to stand in the face of honest competition, but seek by legislation to compel the people to employ them, by excluding all others. As by the terms of said bill, any physician now practicing or hereafter beginning the practice of medicine in this State, may be suspended for unpro-

fessional conduct, and there is nothing considered so unprofessional by a so-called regular, as for a physician of another school to take and treat one of his patients.

"Now, therefore, we, your petitioners in the interest of liberty, justice, and equal rights to all the citizens, most humbly pray your honorable bodies not to pass any medical bill creating any State Board of Health or Medical Examiners, on which the different schools of medicine are not equally represented."

It behooves the homeopathists to be up and moving also, if they do not wish to be swallowed by the allopathic maw. However, as they have been sugared for this occasion, and as sugar is one of their weaknesses, they may rest content until they lie safely ensconced inside the regular stomach. Two members *may* be homeopaths; note the italics.

Thompsonianism or Thompsonism.—Professor Howe deprecates (*Eclectic Medical Journal*) the use of the term "Thompsonianism" in the Announcement of the National, and suggests that "Thompsonism" would have been more appropriate. In this he seems to differ from Webster's *Unabridged*, which gives us the former term, but omits to mention the latter. This authority defines "Thompsonianism" as follows:—

"A medical system, of which one of the leading principles is, that the human body is composed of four elements, earth, air, fire, and water; and one of its apothegms, that metals and minerals are in the earth, and, being extracted from the depths of the earth, have a tendency to carry all down into the earth who use them; that the tendency of all vegetables is to spring up from the earth, and therefore to uphold man from the grave;—so called from the founder, Dr. Samuel Thompson."

Another dilemma to be met, if we shorten the word, might be the calling of followers of Thompsonism "Thompsonites," which would hardly be an applicable name if we referred to the followers of a system instead of the followers of a man. However, we might call the system "Thompsonism" and its followers "Thompsonians;" after all, there is not much in a name, "A rose by another name would smell as sweet."

The question though must still remain in dispute, as there are

no "Thompsonians" or "Thompsonites" left to decide it, and we fear their descendants, our physio-medical brethren, have no opinion on the subject.

The National of '90.—The announcement of the coming meeting of the National Eclectic Medical Association arrived before the issue of our January number, but want of space forbade any notice of it.

Its early appearance bespeaks earnestness on the part of the management, and its character presages a profitable meeting at Niagara next June.

We would be glad to know that eight or ten California Eclectics were to be present to assume leading parts; it would do the JOURNAL good—advance our standing and elevate our following throughout the entire Pacific slope. How many times has California been represented in person?—Once? Dr. Bundy was at Detroit about ten years ago. How many times have written reports upon our status been made?—Once? (God save the mark.) Dr. Bixby responded when invited. This year a representative from the State has been chosen who is not very busy, and who will probably make an effort to forward one—though a better man might have been chosen. How many articles have been contributed to the literature of the National from this section? We will not answer this question, but refer you to the documents.

However, there is some excuse for us. We are far removed from the scene of action, and must endow the railroads with a small fortune, and undertake a toilsome journey, while making other sacrifices in order to go; and gold no longer grows on California bushes. But we can sit on the anxious seat and repent for past short-comings and resolve to do better in the way of making ourselves felt from this section in the future.

There are now four members of the National in California, we believe,—Drs. Bixby, Fearn, Gere, and Webster. This year the number ought to be doubled. It is worth while to be able to write yourself a member of this organization. It only costs about seven dollars to join and three dollars for annual membership dues, while the "Transactions" is a desirable volume to

have each year. One may learn something from it, at least is not liable to be injured, and may at all events know how the standard-bearer of our cause is prospering.

Should any of the members of our State society wish to join, they should communicate with the Editor.

Diabetes Insipidus.—Hydruria is sometimes a persistent condition to obviate. Sometimes the attending physician is too careless to recognize it. With certain practitioners every diseased condition must be labeled in large letters: "This is diabetes;" "This is Bright's disease;" "This is so and so," or its equivalent, before the stupid vender of pills or pellets gets the idea into his cranium.

A case in point has recently been under the care of the writer. He had been prescribed for for a cough and emaciation, and the idea carried that he was going into consumption for months by various practitioners. Inquiry elicited that he was passing nearly a *chambre* of urine nightly, to say nothing of a large amount passed of days, and the proper treatment to stop the drain relieved the cough and restored him to a better condition. We will not assert that it cured him; this is to be seen later.

Among some of the valuable remedies for hydruria are nitrate of uranium 3x trituration in two or three grain doses four times daily, glycerole of gallic acid in appropriate doses, erigeron canadense, belladonna, and the old-fashioned prescription of tincture of muriate of iron with quinine.

Climate is important in persistent cases; a warm, dry atmosphere that will invite exudation of moisture from the lungs and skin should be selected. The Pacific Coast is hardly a proper place for such patients. The interior offers better advantages, or, better still, perhaps, Arizona, where animal bodies desiccate instead of undergoing putrefaction—not much chance here for fluids to seek the kidneys in overpowering force.

EDITORIAL NOTES.

POTASSIUM CHLORIDE 3x is a great assistance in winding up the severe coughs that are now prevalent.

THE January number of the *American Medical Journal* was cremated, but arose, Phoenix-like, from its ashes, only a little late.

THE extra "i" was marked out of "explaination" on page 43 of last month's JOURNAL, but the typo would have it in, because it was his way of spelling it. Killing is too good for some people.

DR. J. W. HUCKINS has removed from Red Bluff to Suisun. The doctor grows portly as he advances in years, and also continues to gather strength in the healing art. He is one of our sturdy men.

WE observe that there is a "Reformed Medical Society" yet existing in New York. Not long ago it was discovered that there still lives an Indian near Monterey more than a hundred and fifty years of age. These old-timers every once and a while will turn up.

"URATICA" is the learned name employed by the San Francisco *Chronicle* for the disease of which a subject discovered in our college, but not removed, died of. The body was legally obtained and legally dissected, we suppose, but what gets us worst is the *causus morbi* "Uratica."

ON the 14th inst. Dr. Musgrave sustained a severe subclavicular dislocation of the left shoulder and concussion of the brain, from which he lay sick for a week.

MARRIED.—In San Francisco, Jan. 15, 1890, by Rev. J. Sanders Reed, Rector of Trinity Church, Dr. Robert W. Musgrave, of Hanford, Cal., and Sue A. Barrett, of Sausalito.

DR. CORNWALL'S contribution promised for this number has not yet been received, but will appear in the March number in all probability.

MISCELLANY.

CHAS. CHADWICK, Otis R. Wyeth, Louis A. Schoen, Geo. J. Schoen, Chas. F. Hermann, Geo. Eyesell, and Horace L. Roy, druggists of Kansas City, Mo., were recently fined \$500 each and costs for counterfeiting a preparation known as bromidia.—*Journal of the American Medical Association, Chicago, November 16, 1889.*

BOOK NOTICE.

THE INTERNATIONAL MEDICAL ANNUAL, 1890. A complete work of reference for medical practitioners. Edited by P. W. Williams, M. D., secretary of staff, assisted by a corps of thirty-seven distinguished collaborators widely known in Europe and America. The *Annual* has the largest circulation in the United States, Great Britain, Australasia, Canada, and the British provinces, of any medical periodical (not a newspaper) published. Price, \$2.75 post free. Uniform with "Treat's Medical Classics."

The publishers have much pleasure in announcing the eighth annual issue of this widely known dictionary of new remedies, including also a dictionary of new treatment.

Its continued success has enabled them to make a further extension as regards size, and also to effect many other improvements without increase of cost to subscribers.

The staff of editors and original contributors has also been greatly augmented, and no effort is being spared, by the addition of illustrations, where helpful in elucidating the text, and in other ways, to maintain the reputation which the work has gained in all countries where the English language is spoken.

The volume combines the features of an annual retrospect with those of a medical encyclopedia, each article being written by a physician or surgeon who can speak with authority on the subject treated, the whole comprising a remarkably full *résumé* of the medical progress of the year. It occupies a unique position in medical literature, and its place cannot be supplied by any other work. E. B. Treat, publisher, No. 5 Cooper Union, New York.

 **Notice of Removal**--The Editorial office of the JOURNAL has been removed to 855 Broadway. Please recollect this when corresponding.